

FEE WAIVER DECISION AND APPEAL FORM

To the parent or legal guardian of _____

_____ Your application for fee waivers has been approved.

Your application for fee waivers has been denied because:

_____ Your child does not appear to qualify under any of the eligible categories (such as free school lunch).

_____ Your family assets exceed the Statewide Assets Test limits.

_____ We don't have enough information to decide if your child qualifies for fee waivers.

Please provide us with the information requested below or call (name) _____

_____ at (number) _____ as soon as possible so that we can complete work on your application.

_____ Explanations or other reasons for denial:

By: _____

(Signature of school employee)

Date: _____

PARENTAL APPEAL RIGHTS

IF YOU DISAGREE WITH THIS DECISION, YOU HAVE THE RIGHT TO APPEAL. To appeal, send a letter (or the Notice of Appeal form printed at the bottom of this page) to the school principal, explaining why you disagree with this decision. Include your name, your child's name, and the date.

YOU MUST MAIL OR HAND-DELIVER YOUR APPEAL WITHIN TEN SCHOOL DAYS OF RECEIVING THIS NOTICE. *Keep a copy of the appeal for your records.* A school representative will contact you within two weeks after receiving your appeal and schedule a meeting to discuss your concerns. You will also be given a copy of the school district's School Fees Appeals Policy containing a complete statement of policies and procedures for appeals. **ALL REQUIREMENTS FOR PAYMENT OF FEES WILL BE SUSPENDED UNTIL THE FINAL DECISION IS MADE REGARDING YOUR APPEAL.**

=====

NOTICE OF APPEAL

I, (give your name) _____, wish to appeal the decision regarding my application for school fee waivers for the following reasons:

My child's name is _____

Please schedule a meeting to discuss this appeal. I understand that all fees will be suspended until a final decision has been reached, and that my child will be able to participate fully in all school activities during that time on the same basis as if the fees had been paid.

_____ Date: _____

(Signature of the person submitting the appeal)